

SERFF Tracking Number:	AFDL-127814761	State:	Arkansas
Filing Company:	American Fidelity Assurance Company	State Tracking Number:	50266
Company Tracking Number:			
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	AMD-8236 DXL Imaging Rider		
Project Name/Number:	/		

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMD-8236 DXL Imaging Rider	SERFF Tr Num: AFDL-127814761	State: Arkansas
TOI: H21 Health - Other	SERFF Status: Closed-Approved	State Tr Num: 50266
Sub-TOI: H21.000 Health - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Donna Lambert
	Author: Sue Joslyn	Disposition Date: 11/29/2011
	Date Submitted: 11/15/2011	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date: 12/19/2011
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing is made pursuant to marketing priorities and, therefore, it is not being filed in OK at this time.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 11/29/2011	
State Status Changed: 11/29/2011	Deemer Date:
Created By: Sue Joslyn	Submitted By: Sue Joslyn
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	
This filing is new and the form does not replace any previous filing. We are submitting this form for use with group policy forms: G-501B, and corresponding certificate form CG-501B and group policy form G-505.SA(AR), and corresponding certificate form CG-505.SA(AR). These policy/certificate forms were previously approved by your Department on 12-15-99 and 8-30-04, respectively.	

This rider provides alternative benefit options In addition to the Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit contained in the previously approved policy/certificate forms. Each of the alternative benefit provisions are

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enclosed in brackets to indicate variability in use so that one or more of the alternative benefit provisions may apply. For example, an employer may elect the Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit by itself or in conjunction with the Outpatient Diagnostic Medical Imaging Indemnity Benefit. The employer may also elect the Wellness Indemnity Benefit. Within each benefit provision, dollar amounts and testing days are also bracketed as variable, reflecting the range of variable information which may be elected by the employer. Since the range of variable information is included within the rider itself, there is no separate statement of variability.

The benefits provided by this rider and the corresponding policy/certificates are written on a fixed indemnity basis rather than an expense-incurred basis, and this product comprises an excepted benefit under PPACA.

## Company and Contact

### Filing Contact Information

Sue Joslyn, Compliance Analyst III sue.joslyn@af-group.com  
5109 Ten Point Trail 919-554-0686 [Phone]  
Wake Forest, NC 27587 919-554-2513 [FAX]

### Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The retaliatory fee for filing the form in OK is less than the \$50.00 AR fee; therefore, the AR fee is being submitted
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$50.00	11/15/2011	53744241

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/29/2011	11/29/2011
Approved	Donna Lambert	11/17/2011	11/17/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-opening of filing	Note To Reviewer	Sue Joslyn	11/28/2011	11/28/2011
Re-open filing	Note To Filer	Rosalind Minor	11/28/2011	11/28/2011

<i>SERFF Tracking Number:</i>	<i>AFDL-127814761</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AMD-8236 DXL Imaging Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 11/29/2011  
Implementation Date: 12/19/2011  
Status: Approved  
HHS Status: HHS Approved  
State Review: Not Reviewed  
Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AFDL-127814761</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>AMD-8236 DXL Imaging Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved	Yes
<b>Form</b>	outpatient Diagnostic X-ray and Laboratory Indemnity Benefit Rider	Approved	Yes

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*TOI:*      *H21 Health - Other*

*Sub-TOI:*      *H21.000 Health - Other*

*Product Name:*      *AMD-8236 DXL Imaging Rider*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 11/17/2011

Implementation Date: 12/19/2011

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

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<b>Supporting Document</b>	Flesch Certification	Approved	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved	Yes
<b>Form</b>	outpatient Diagnostic X-ray and Laboratory Indemnity Benefit Rider	Approved	Yes

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*Project Name/Number:*      */*

**Note To Reviewer**

**Created By:**

Sue Joslyn on 11/28/2011 02:22 PM

**Last Edited By:**

Sue Joslyn

**Submitted On:**

11/28/2011 02:23 PM

**Subject:**

Re-opening of filing

**Comments:**

In the filing description of this filing, I had stated that form AMD-8236 would be used with group policy forms G-501B and G-505.SA(AR). It is our desire to also use this form with group policy form G-513.SA(AR), and corresponding group certificate form CG-513.SA(AR), previously approved by your department on 7-25-05. I spoke with Rosalind Minor earlier, and she re-opened the filing to allow me to create a "Note to Reviewer" so that we may also use this form with group policy form G-513.SA(AR). Thank you.



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*Company Tracking Number:*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *AMD-8236 DXL Imaging Rider*  
*Project Name/Number:*      /

**Note To Filer**

**Created By:**

Rosalind Minor on 11/28/2011 02:11 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

11/28/2011 02:11 PM

**Subject:**

Re-open filing

**Comments:**

At the request of the company, this filing is being re-opened.

SERFF Tracking Number: AFDL-127814761 State: Arkansas

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Product Name: AMD-8236 DXL Imaging Rider

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/17/2011	AMD-8236	Policy/Cont	outpatient Diagnostic Initial ract/Fratern X-ray and Laboratory al Indemnity Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider			54.800	AMD-8236 DXL_Imaging Rider 8-23- 11(std).pdf



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

Effective Date: \_\_\_\_\_  
(if different from Policy or Certificate)

**[OUTPATIENT DIAGNOSTIC X-RAY AND LABORATORY INDEMNITY BENEFIT]**

**[OUTPATIENT DIAGNOSTIC MEDICAL IMAGING INDEMNITY BENEFIT]**

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

[The following replaces the **Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit** provision found in Section 3 of the Policy, and, if applicable, any and all references to such benefit on the Schedule of Benefits:

The Company will pay an Outpatient Diagnostic X-Ray and Laboratory Benefit for each day that a Covered Person has a diagnostic x-ray and/or laboratory test performed. Such x-ray or test must show a need for treatment, or is made because of definite symptoms of an Accident or Sickness. This benefit is payable once per each day of testing, not to exceed the Maximum Number of Testing Days per Calendar Year. This benefit is not payable based on the number of tests performed on a given day, but rather is based on the number of days during which x-rays or tests are performed.

The benefit payable will be subject to the following:

- (a) The benefit amount for each testing day will be {\$50.00 - \$300.00}.
- (b) The Maximum Number of Testing Days per Calendar Year will be {1 - 10} for each Covered Person.

{Wellness Indemnity Benefit}: Each Calendar Year, {1 – 3} additional testing days may be used for:

- (a) x-rays; or
- (b) blood chemistry determination; or
- (c) electrocardiogram; or
- (d) urine test; or
- (e) tuberculosis test; or
- (f) prostate-specific antigen (PSA) test; or
- (g) pap smear; or
- (h) mammogram.

The benefit paid under the above Wellness Benefit provision is subject to the following:

- (a) The benefit per day of testing will be {\$50.00 - \$300.00}; and
- (b) The benefit will not count toward the Calendar Year maximum stated above.}

In addition to the Exclusions and Limitations in Section 4 of the Policy, the **Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit** is not payable for the following medical imaging tests:

- (a) Magnetic Resonance Imaging (MRI); and
- (b) Electroencephalogram (EEG); and
- (c) Computerized Tomography Scan (CT scan or CAT scan); and
- (d) Positron Emission Tomography Scan (PET scan); and
- (e) Multiple Gated Acquisition (MUGA); and
- (f) Echocardiogram; and
- (g) Single Photon Emission Computer Tomography (Spect); and
- (h) Cardiovascular Imaging Stress Test; and
- (i) Pulmonary Ventilation/Perfusion Scan (V/Q Scan); {and
- (j) any other test that would be listed.}}

[The following **Outpatient Diagnostic Medical Imaging Indemnity Benefit** is added to Section 3 of the Policy:

The Company will pay an **Outpatient Diagnostic Medical Imaging Indemnity Benefit** for each day that a Covered Person receives one of the diagnostic medical imaging tests shown below. Such test must be made at the request of a Physician because of a need for treatment or because of definite symptoms of an Accident or Sickness. This benefit is payable once per each day of testing, not to exceed the Maximum Number of Testing Days per Calendar Year. This benefit is not based on the number of tests performed on a given day, but rather is based on the number of days during which tests are performed. This benefit is payable for the following medical imaging tests:

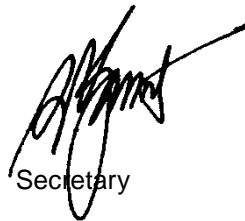
- (a) Magnetic Resonance Imaging (MRI); or
- (b) Electroencephalogram (EEG); or
- (c) Computerized Tomography Scan (CT scan or CAT scan); or
- (d) Positron Emission Tomography Scan (PET scan); or
- (e) Multiple Gated Acquisition (MUGA); or
- (f) Echocardiogram; or
- (g) Single Photon Emission Computer Tomography (Spect); or
- (h) Cardiovascular Imaging Stress Test; or
- (i) Pulmonary Ventilation/Perfusion Scan (V/Q Scan); }[or
- (j) any other test that would be listed.]

The benefit payable will be subject to the following:

- (a) The benefit amount for each testing day will be {\$100.00 - \$1,500.00}.
- (b) The Maximum Number of Testing Days per Calendar Year will be {1 - 10} for each Covered Person.

The Exclusions and Limitations under Section 4 of the Policy which are applicable to the X-Ray and Laboratory Indemnity Benefit will also apply to the **Outpatient Diagnostic Medical Imaging Indemnity Benefit**, except to the extent that medical imaging benefits are provided herein.]

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



Secretary

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved	11/17/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR Readability Certification.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved	11/17/2011
<b>Bypass Reason:</b> N/A - it is not a policy being filed, only a rider amending a previously approved policy.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved	11/17/2011
<b>Bypass Reason:</b> N/A - This is not an individual policy, Long Term Care Policy or Medicare Supplement policy filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved	11/17/2011
<b>Bypass Reason:</b> N/A - This is not an individual product filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved	11/17/2011
<b>Bypass Reason:</b> N/A - this is not a PPACA filing.		
<b>Comments:</b>		



A member of the American Fidelity Group

2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

**CERTIFICATE OF READABILITY  
ARKANSAS**

I hereby certify that form AMD-8236 meets the minimum Flesch reading ease score as required by ACA 23-80-206.

Signature

A handwritten signature in black ink, appearing to read 'Ronald J. Byrne', written over a horizontal line.

Ronald J. Byrne

Name

Sr. Vice President and Risk Manager

Title

11-14-11

Date